



## Training Course Request Form

Our agency is requesting to host the following training course

Course Name:

Course Provider:

Course Number:

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### Host Agency

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Host Agency:

Mailing Address:

City:

State: Kentucky

Zip:

Phone:

Fax:

Email Address:

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### Point of Contact Information (POC)

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POC Name:

POC Mailing Address:

City:

State: Kentucky

Zip:

POC Phone:

Fax:

POC email Address:

Office of Domestic Preparedness WMD training courses and their information can be found at [www.ojp.usdoj.gov/odp/docs/coursecatalog.pdf](http://www.ojp.usdoj.gov/odp/docs/coursecatalog.pdf)

Please email the request form back to the Kentucky Office of Homeland Security WMD Training and Development Coordinator; Tom Arnold at [Tarnold0012@kctcs.edu](mailto:Tarnold0012@kctcs.edu) or you may fax it at (502) 564-7764.

**“Kentucky: *Ready and Prepared!*”**



